

**CITY OF CHICOPEE  
WATER DEPARTMENT**

27 Tremont Street - Chicopee, MA. 01013  
413 / 594-3420 - Fax 413 / 594-3461

ABATEMENT/REFUND REQUEST #: \_\_\_\_\_

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**ABATEMENT / REFUND REQUEST FORM**

DATE OF REQUEST: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
ACCOUNT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BILLING DATE: \_\_\_\_\_  
BILLING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

REASON FOR ABATEMENT / REFUND (Complete Explanation): \_\_\_\_\_

CALCULATION FOR ABATEMENT / REFUND (Attach documentation): \_\_\_\_\_

AMOUNT OF ABATEMENT ☐: \_\_\_\_\_ CU. FT. \_\_\_\_\_ DOLLARS  
AMOUNT OF REFUND ☐: \_\_\_\_\_ CU. FT. \_\_\_\_\_ DOLLARS

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ABATEMENT / REFUND DETERMINATION**

This request was reviewed on (date): \_\_\_\_\_ and was:  
**GRANTED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **TABLED** \_\_\_\_\_

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